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UTILITY PATENT APPLICATION				ATTORNEY DOCKET 87266RLO			
TRANSMITTAL UNDER 37 CFR 1.53(b) To: Commissioner for Patents				Customer No. 01333 Express Mail Label No.			
Commissioner for 920. Box 1450	1 attit	3	1	Express M	ali La	Del No.	
Aexandria, VA. 22313-1450			1	EV293510	327US	;	
A THE COLOR OR CANIC DISDLAY HAVING			IAVING	Date:	2-6	6.04	0
A FULL-COLOR ORGANIC DISPLAY HAVING IMPROVED BLUE EMISSION			AVING	Date		0 0 /	– РТ 37
IWI ROVED BLUE EWISSION			1				25.5
First Named Inventor (or Application Identifier):			rifier):				18 177](
Liang-Sheng Liao, et al							17548
Enclosed are:							
1. X Specification				6. X Assignment of the invention to Eastman Kodak Company			
2. Sheet(s) of drawing(s)				7.	-	fied copy of a priority	
3. X Information Disclosure Statement Under 37 CFR 1.97.				8. Associate Power of Attorney			
4. Combined Declaration for	r Patent	Application	and Power of A	Attorney:	•		
4a. X New							
4b. Copy from a	prior a	oplication (3	7 CFR 1.63(d) ((for continuat	ion/divi	isional with Box 11 com	pleted)
5. <u>Incorporation by R</u>	eferenc	e (useable if	Box 4b is	9.	Delet	tion of Inventor(s).	
checked) The entire disclosure						attached deleting invento	
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).						1)(2) and	
application and is hereby incorp							
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,							
after the title, by inserting the following:							
CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,							
filed, entitled.							
If a CONTINUING APPLICATION , check appropriate box and supply the requisite information:							
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:							
12. X Please address all wr	ritten co	mmunication	ns to Pamela R.	Crocker, Pate	ent Lega	al Staff,	
Eastman Kodak Con							
Please Direct all tele	phone c	alls to Raym	ond L. Owens a	at 585-477-46	553.		
The filing fee has been calculated as shown below:				T			
FOR: BASIC FEE	NO	. FILED	NO. EXTRA	RATE		FEE \$ 770	
TOTAL CLAIMS	22	- 20 =	2	x 18 =		\$ 36	
INDEPENDENT CLAIMS	1	- 3 =	-2	x 86 =		\$0	
MULTIPLE DEPENDEN	T CLA	M PRESEN	TED	+ 2	90	\$ 0	
				ТОТ	`AL	\$ 806	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 806							
A duplicate copy of this sheet is enclosed							
X The Commissioner is hereby authorized to charge any additional filing fees required under							
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .							
A duplicate copy of this sheet is enclosed.							
And Ky							

Raymond L. Owens/das Telephone: 585-477-4653 Facsimile: 585-477-4646 Attorney for Applicants Registration No. 22,363